

EXHIBIT E-2 - TAX CLAIMS SUBJECT TO MODIFICATION

| CLAIM TO BE MODIFIED | CLAIM AS DOCKETED | CLAIM AS MODIFIED | | | | | | | | | | | | |
|---|---|---------------------|------------------|-----------------|------------------|----------|------------|--|----------|--|------------|--|----------|---|
| Claim: 9709 Date Filed: 07/18/2006 Docketed Total: \$1,541.53 Filing Creditor Name and Address: NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE PO BOX 5300 ALBANY, NY 12205-0300 | Claim Holder Name and Address NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE PO BOX 5300 ALBANY, NY 12205-0300 <table><tr><td><u>Case Number*</u></td><td><u>Secured</u></td><td><u>Priority</u></td><td><u>Unsecured</u></td></tr><tr><td>05-44623</td><td>\$1,341.53</td><td></td><td>\$200.00</td></tr><tr><td></td><td>\$1,341.53</td><td></td><td>\$200.00</td></tr></table> | <u>Case Number*</u> | <u>Secured</u> | <u>Priority</u> | <u>Unsecured</u> | 05-44623 | \$1,341.53 | | \$200.00 | | \$1,341.53 | | \$200.00 | < |
| <u>Case Number*</u> | <u>Secured</u> | <u>Priority</u> | <u>Unsecured</u> | | | | | | | | | | | |
| 05-44623 | \$1,341.53 | | \$200.00 | | | | | | | | | | | |
| | \$1,341.53 | | \$200.00 | | | | | | | | | | | |

*See Exhibit G for a listing of debtor entities by case number.

*UNL stands for unliquidated